



CONTRACT AWARD SHEET
Internal Services Department
Procurement Management Services

Bid No. **RTQ-00212**
Award Sheet

DIVISION

BID NO.: **RTQ-00212**

PREVIOUS BID NO.: **RFQ710**

TITLE: **COMMUNITY REDEVELOPMENT CONSULTING PREQ**

CURRENT CONTRACT PERIOD: **09/01/2015** through **08/31/2023**

Total # of OTRs: **0**

MODIFICATION HISTORY

Bid No. **RTQ-00212**

Award Sheet

DPM Notes

APPLICABLE ORDINANCES

LIVING WAGE: **No**

UAP: **Yes**

IG: **No**

OTHER APPLICABLE ORDINANCES:

CONTRACT AWARD INFORMATION:

No Local Preference

No Micro Enterprise

No Full Federal Funding

No Performance Bond

No Small Business Enterprise (SBE)

No PTP Funds

No Partial Federal Funding

Yes Insurance

Miscellaneous:

REQUISITION NO.: **RQID1500073**

PROCUREMENT AGENT: **SKINNER BRAD**

PHONE: **305 375-5289**

FAX:

EMAIL: **BRADS@MIAMIDADE.GOV**

DEPARTMENT OF PROCUREMENT MANAGEMENT
DIVISION

VENDOR NAME: **KEITH AND SCHNARS PA**
 DBA:
 FEIN: **591406307** SUFFIX : **01** 33309
 STREET: **6500 N ANDREWS AVE** CITY: **FT LAUDERDALE** ST: **FL** ZIP:
 FOB_TERMS: **DEST-P** DELIVERY:
 PAYMENT TERMS: **NET30** TOLL PHONE: **800-488-1255**

VENDOR INFORMATION:

CERTIFIED VENDOR

ASSIGNED MEASURES

Local Vendor: **No**

SBE	No	Set Aside	No	Bid Pref.	No
Micro Ent.	No	Selection Factor	No	Goal	No
Other:	Vendor Record Verified? Yes				

Vendor Contacts:

Name	Phone1	Phone2	Fax	Email Address
Debbie Love	954.776.1616	954.275.5093	954-771-7690	dlove@ksfla.com

VENDOR NAME: **PMG ASSOCIATES INC**
 DBA:
 FEIN: **592383513** SUFFIX : **01** 33442
 STREET: **3880 NW 2 COURT** CITY: **DEERFIELD BEACH** ST: **FL** ZIP:
 FOB_TERMS: **DEST-P** DELIVERY:
 PAYMENT TERMS: **NET30** TOLL PHONE: **877-764-3266**

VENDOR INFORMATION:

CERTIFIED VENDOR

ASSIGNED MEASURES

Local Vendor: **No**

SBE	No	Set Aside	No	Bid Pref.	No
Micro Ent.	No	Selection Factor	No	Goal	No
Other:	Vendor Record Verified? Yes				

Vendor Contacts:

Name	Phone1	Phone2	Fax	Email Address
KATHLEEN GONOT	786.258.1697	954.427.5010	954.480.8836	KATHY@PMGAECON.COM

VENDOR NAME: **CMA ENTERPRISE INC**
 DBA:
 FEIN: **650206560** SUFFIX : **01** 3332567
 STREET: **207 LAUREL OAK LANE STE B** CITY: **DAVIE** ST: **FL** ZIP:
 FOB TERMS: **DEST-P** DELIVERY:
 PAYMENT TERMS: **NET30** TOLL PHONE: **954-4763525**

VENDOR INFORMATION:

CERTIFIED VENDOR

ASSIGNED MEASURES

Local Vendor: **No**

SBE	No	Set Aside	No	Bid Pref.	No
Micro Ent.	No	Selection Factor	No	Goal	No
Other:	Vendor Record Verified? Yes				

Vendor Contacts:

Name	Phone1	Phone2	Fax	Email Address
GAIL P Birks, PRESIDENT	786-4230155	954-4763525	954-3700803	gail@cma-ent.com

VENDOR NAME: **REDEVELOPMENT MANAGEMENT ASSOCIATES LLC**
 DBA:
 FEIN: **264367102** SUFFIX : **01** 33062
 STREET: **3109 E. Atlantic Blvd Suite B** CITY: **Pompano Beach** ST: **FL** ZIP:
 FOB TERMS: **DEST-P** DELIVERY:
 PAYMENT TERMS: **NET30** TOLL PHONE: **-**

VENDOR INFORMATION:

CERTIFIED VENDOR

ASSIGNED MEASURES

Local Vendor: **No**

SBE	No	Set Aside	No	Bid Pref.	No
Micro Ent.	No	Selection Factor	No	Goal	No
Other:	Vendor Record Verified? Yes				

Vendor Contacts:

Name	Phone1	Phone2	Fax	Email Address
Allison Justice	954.695.0754	-	754.222.8081	allison@rma.us.com

ITEMS AWARDED Section:Details: **RTQ-00212**

Pre-Qualification Pool. Contracts are awarded at time of spot need of department. RFQs will be generated and awarded supplier will be notified.

Item # DescriptionQtyUnit Price**End of ITEMS AWARDED Section****AWARD INFORMATION Section**

BCC Award:

DPM Award: **No**

BCC Date:

DPM Date: **08/20/2015**Contract Amount: \$ **800,000.00**

Additional Items Allowed:

Agenda Item No.:

Special Conditions:

BPO INFORMATION Section:

1	ABCW1500622	
	Commodity ID	Commodity Name
	906-64	PLANNING SERVICES, URBAN (COMMUNITY,
	Department	Department Allocation
	OMB*****	\$800,000.00

End of BPO Information Section